

QUESTIONS & ANSWERS FROM THE TRAINING

LEVEL OF CARE SCREENING (LT-MR-104 & LT-ABI-105)

Q- Why do we need an LT-MR-104 for people on the wait list and who are applying for the waiver?

A- In the Adult DD and ABI Waiver Renewal, the Division had to change the order of assessments that determine eligibility for the waivers. Now we have to conduct the level of care screening (LT-MR-104/LT-ABI-105) before the psychological evaluation and ICAP assessment are completed. So two changes are needed:

- 1) DDD needs an LT-MR-104/LT-ABI-105 conducted on all people on the Adult DD, Child DD, and ABI waivers by September 30, 2009 to be compliant with this new process.
- 2) All applicants must have the case manager he/she chooses for TCM to do the LT-MR-104/LT-ABI-105 before the psychological assessment is completed. This form shall be sent to the Division with the TCM plan of care form before the psychological evaluation occurs. This process shall begin officially October 1, 2009.

NOTE: A working group will convene to look at the level of care screening tool and propose a more comprehensive tool to be used.

Q- Who do the LT-MR-104s go to at DDD when they are completed?

A- Submit them to your waiver specialist.

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Q- Is the LT-MR-104 due by September 30th for people on the wait list for which I provide targeted case management?

A- Yes. Send a copy to DDD for us to determine eligibility.

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Q- I did not receive the letter(s) that informed case managers that LT-MR-104s need to be submitted for everyone on the waiting list.

A- A letter has not gone out on this. We were prioritizing notifications of other new requirements, and this one had lower priority. We are notifying case managers this week and through this training.

MEDICATION ASSISTANCE

Q- When are Medication Assistance policies and procedures from Providers due?

A- The Medication Assistance Policies and procedures shall be developed by September 30, 2009. If you have questions, please contact the Division Survey Certification staff person for your area. Sample policies will be posted to our website soon.

Q- Does each case manager have to develop a set of P & P even if they work for an agency?

No, just the agency.

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Attendees,

Thank you to all case managers that stayed with us during the Webinar and phone conference. Because the Division has had continued problems with these services, we will be researching other possibilities for presenting information to a large audience. We will be recording audio to accompany this training's powerpoint to make this training available on a CD. It should be available at the end of next week. To request a CD, please e-mail terry.walling@health.wyo.gov with your name and full mailing address.

Also, if you have NPI questions, please contact your local Survey & Certification Specialist or Kathy Escobedo at DDD.

Thanks!

Webinar - New Waiver Requirements and Forms

September 2, 2009

Q-Do providers have to fill out the “No Medication Assistance Verification form” if they do not assist?

A- This is a decision a provider makes, either they will choose to not assist now or in the future with meds and sign this form, or they will complete the training course on Medication Assistance.

Q-Do I call a meeting for to fill out this form?

A- Not unless you are currently assisting with meds, and you are choosing to discontinue assisting.

Q- Does DDD need a copy?

A- Yes, DDD needs a copy for the provider certification file.

Q-Can parents get the form to their providers?

A- Parents do not need the form, but they will need to know what providers decide to do.

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Q-Does the Medication Consent form need to be completed by September 30th?

A- Yes and keep it in your file. All providers who assist with medications shall have a signed Medication Consent form in their file for the participant. One form per participant is sufficient and can list all providers or persons in a participant’s life who have consent.

Q-Do I send a copy to DDD?

A- No, but we may ask to see it during a site visit or a file review.

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Q-I don't know what to do with the “Medication Assistance and Conflict of Interest Disclosure” form.

Do we have to have another meeting with families or can it be done at six-month reviews?

It can be done at another meeting, like a six-month review, but shall be done by December 1, 2009.

Q-Does the Division need a copy?

No, a copy should go in the master file and a copy to team members.

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Q-If the “Medication Assistance and Conflict of Interest Disclosure” form is not due in files until 12/1/09, why do we need them for 12/1/08 plans?

A- The date was wrong on the slide.

If a participant’s plan begins 2-1-2010 through 6-30-2010, this form shall be completed during a team meeting before December 1, 2009. It shall be placed in the participant’s master file and distributed to team members. These sections will not be on his/her current plan of care, but are needed due to other provider requirements in these areas. Use the IPC instructions for assistance in completing these sections, if needed. These sections are part of the revised 7-1-09 Plan of Care forms, so they are not needed for plans under the current forms.

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Q-Do case managers need a copy of the MAR sent monthly with billing?

A- No. The case manager needs to have copies of IRs, PRN usage reports, and notes on Medication Incidents or errors, but do need the MAR. They also need to know about any significant health changes or medication changes, so the plan can be updated and to monitor proper follow up of health issues.

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Q-If it is found that a provider did not report something (either an IR, rash, changes in meds etc), are we liable or is the provider?

A- It is the provider’s responsibility to report. If they are not reporting these things to the CM, then write a formal notification to the provider to remind them to do so. If the problem continues, notify participant/guardian and the Division for non-compliance.

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Webinar - New Waiver Requirements and Forms

September 2, 2009

Q-Do we have to have a PRN protocol for all possibilities? Are you saying we can't give medication if someone all of a sudden gets sick and needs Pepto Bismol or Tylenol, and that we can't offer it to them until the team meets and writes it on the PRN list?

A- The bottom line is yes. We expect a medical professional or guardian to give orders to providers to govern the use of any PRN, including over-the-counter medications. We do not want providers making decisions on what to give, how much to give, and determining which kind of medication to give. The provider shall have medication orders and consent for any acceptable medication, amount, and frequency that can be given as explained in the Medication Assistance Policy and Standards found on the Division's website. A PRN Usage form is available on the second page of the Medication Assistance Record (MAR) found on the Division's website.

CASE MANAGEMENT QUARTERLY FORM

Q-When sending the Case Management Quarterly Form to DDD, who should we address the Fax to at DDD? Is it just the first page?

A-Send the first page of the Case Management Quarterly Form to Kathy Escobedo.

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Q-If you have time-out/cool-downs on a positive behavior support plan, under what category on the Quarterly Case Management form do they fall? Do we need to directly report them, or just the Incident Report that was sent?

A- When a participant has a time out, it is a restriction if the person is restricted from property, community, communicating, etc. Those are categories to report on the quarterly form, but if they are not restricted from anything during the time out, it would not be a restriction to report to us.

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Q-On the Quarterly form, if it is listed in a positive behavior support plan that someone is not to use a computer without staff, do we report when they ask and it is not appropriate at that time, or they are wanting on a friend's computer while not in provider's sight? I feel this is not a restriction because it is not due to a current behavior but inability to use it properly and they are not being restricted from use by provider for current behavior, but cannot get on due to current circumstances. Please clarify.

A- If the positive behavior support plan only states that a staff has to be with a participant while the participant uses the computer, then just asking to use it or asking to use a friends, is not a restriction. Does the positive behavior support plan need more details to clarify what is expected?

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Q-Are all emergency restraints now reportable as a critical incident, or only those that result in injury?

A-All Emergency restraints are now reportable incidents. Other restraints that result in injury are also reportable.

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Q-Are restraints and incidents on reported to the Division quarterly or monthly?

A-Case Managers gather the restraint and restriction data monthly from providers, and it is reported to the DDD quarterly. But the CM Quarterly form wants the information broken down by month.